

6:55 AM
04/15/15
Cash Basis

Connecticut Childbirth & Women's Center
Balance Sheet
As of December 31, 2014

	<u>Dec 31, 14</u>
ASSETS	
Current Assets	
Checking/Savings	
Chase Bank	18,045.03
Total Checking/Savings	<u>18,045.03</u>
Total Current Assets	18,045.03
Other Assets	
Depreciable Assets	106,789.00
Total Other Assets	<u>106,789.00</u>
TOTAL ASSETS	<u>124,834.03</u>
LIABILITIES & EQUITY	
Liabilities	
Long Term Liabilities	
Additional paid-in capital	0.01
Capital Stock	1,000.00
Construction Loan	46,605.13
Total Long Term Liabilities	<u>47,605.14</u>
Total Liabilities	47,605.14
Equity	
Retained Earnings	752,355.22
Shareholder Distributions	
Distributions to Blau	-260,650.00
Distributions to Whitcombe	-260,650.00
Total Shareholder Distributions	<u>-521,300.00</u>
Shareholder Equity	-242,801.00
Net Income	88,974.67
Total Equity	<u>77,228.89</u>
TOTAL LIABILITIES & EQUITY	<u>124,834.03</u>

6:53 AM
 04/15/15
 Cash Basis

Connecticut Childbirth & Women's Center
Profit & Loss
 January through December 2014

	<u>Jan - Dec 14</u>
Ordinary Income/Expense	
Income	
Fees	
Birthing Fees	659,489.59
Education Fees	95.00
Total Fees	<u>659,584.59</u>
Other Income	
Deposit Error	210.00
Interest Income	392.42
Metabolic Screen receipts	6,240.00
Total Other Income	<u>6,842.42</u>
Total Income	666,427.01
Cost of Goods Sold	
Bounced Checks	600.00
Client Refunds	47,533.30
WHA Transfer	223,241.20
Total COGS	<u>271,374.50</u>
Gross Profit	395,052.51
Expense	
Accreditation	6,192.28
Advertising & Marketing	8,021.70
Bank Chrg	75.25
Dues & Subscrip	2,195.00
Insurance	
Malpractice	10,422.65
Total Insurance	<u>10,422.65</u>
Interest	
Mortgage Interest	2,481.92
Total Interest	<u>2,481.92</u>
L&P Fees	1,169.85
Lab Fees	9,373.00
Laundry	2,500.00
Maintenance	10,044.34
Med Supplies	1,870.66
Merchant Services	2,796.05
Nonemploy Comp	
Management	8,250.00
Nursing	92,562.50
Professional Consultation	80,000.00
Total Nonemploy Comp	<u>180,812.50</u>
Office Expense	740.57
Office Supplies	-8.88
Rent	60,000.00
Utilities	
Gas & Electric	2,013.23
Water	401.72
Total Utilities	<u>2,414.95</u>
Total Expense	<u>301,101.84</u>
Net Ordinary Income	93,950.67

6:53 AM
04/15/15
Cash Basis

Connecticut Childbirth & Women's Center
Profit & Loss
January through December 2014

	<u>Jan - Dec 14</u>
Other Income/Expense	
Other Expense	
Depreciation Expense	4,976.00
Total Other Expense	<u>4,976.00</u>
Net Other Income	<u>-4,976.00</u>
Net Income	<u><u>88,974.67</u></u>

U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

2014

▶ Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2014 or tax year beginning _____, ending _____		D Employer identification number 06-1459264	
A S election effective date 8/29/1996	TYPE OR PRINT	Name Connecticut Childbirth Center Inc	E Date incorporated 8/29/1996
B Business activity code number (see instructions) 621498		Number, street, and room or suite no. If a P.O. box, see instructions. 27 Hospital Avenue	F Total assets (see instructions) \$ 124,834
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town State ZIP code Danbury CT 06810	
		Foreign country name Foreign province/state/county Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ **2**

Caution. Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	666,034		
	b Returns and allowances	1b	271,374		
	c Balance. Subtract line 1b from line 1a			1c	394,660
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	394,660
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)			5	392
	6 Total income (loss). Add lines 3 through 5			6	395,052
	7 Compensation of officers (see instructions—attach Form 1125-E)			7	
	8 Salaries and wages (less employment credits)			8	92,562
	9 Repairs and maintenance			9	10,044
	10 Bad debts			10	
	11 Rents			11	60,000
	12 Taxes and licenses			12	
	13 Interest			13	2,482
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	4,976
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	8,022
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	
	19 Other deductions (attach statement)			19	126,995
20 Total deductions. Add lines 7 through 19			20	305,081	
21 Ordinary business income (loss). Subtract line 20 from line 6			21	89,971	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a			
	b Tax from Schedule D (Form 1120S)	22b			
	c Add lines 22a and 22b (see instructions for additional taxes)			22c	0
	23a 2014 estimated tax payments and 2013 overpayment credited to 2014	23a			
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c			23d	0
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	0
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	0
27 Enter amount from line 26 Credited to 2015 estimated tax			27	0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____	Date _____	Treasurer _____	Date _____	Refunded ▶
	Print/Type preparer's name	Preparer's signature	Check <input type="checkbox"/> if self-employed	PTIN	
Paid Preparer Use Only	SELF-PREPARED RETURN				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			
	City	State	ZIP code		

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule B Other Information (see instructions)

- 1 Check accounting method: a Cash b Accrual
 c Other (specify) _____
- 2 See the instructions and enter the:
 a Business activity Medical Facility b Product or service Maternity Services
- 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation
- 4 At the end of the tax year, did the corporation:
 a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

Yes	No
	X
	X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

- b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below

Yes	No
	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- 5 a At the end of the tax year, did the corporation have any outstanding shares of restricted stock?
- If "Yes," complete lines (i) and (ii) below.
- (i) Total shares of restricted stock
- (ii) Total shares of non-restricted stock
- b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?
- If "Yes," complete lines (i) and (ii) below.
- (i) Total shares of stock outstanding at the end of the tax year
- (ii) Total shares of stock outstanding if all instruments were executed
- 6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?
- 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
 If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
- 8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) \$ _____
- 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____
- 10 Does the corporation satisfy both of the following conditions?
 a The corporation's total receipts (see instructions) for the tax year were less than \$250,000
 b The corporation's total assets at the end of the tax year were less than \$250,000
 If "Yes," the corporation is not required to complete Schedules L and M-1.
- 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?
 If "Yes," enter the amount of principal reduction \$ _____
- 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions
- 13 a Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?
 b If "Yes," did the corporation file or will it file required Forms 1099?

Yes	No
	X
	X
	X
	X
	X
	X
	X
	X
	X
	X
X	
X	

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	89,971
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type <input type="checkbox"/> Code A-Oth port inc (loss)	10	392
	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type <input type="checkbox"/> (2) Amount <input type="checkbox"/>	12c(2)	
	d Other deductions (see instructions) Type <input type="checkbox"/>	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type <input type="checkbox"/>	13d	
	e Other rental credits (see instructions) Type <input type="checkbox"/>	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type <input type="checkbox"/>	13g	
Foreign Transactions	14a Name of country or U.S. possession <input type="checkbox"/>		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
k Other (attach statement)	14k		
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	124
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	80,000
	e Repayment of loans from shareholders	16e	

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Other Information	17a	Investment income	17a	392
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Reconciliation	18	Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18	90,363

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		15,754		18,045		
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts		0		0		
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions)						
6	Other current assets (attach statement)						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets	232,695		232,695			
b	Less accumulated depreciation	120,930	111,765	125,906	106,789		
11a	Depletable assets						
b	Less accumulated depletion		0		0		
12	Land (net of any amortization)						
13a	Intangible assets (amortizable only)						
b	Less accumulated amortization		0		0		
14	Other assets (attach statement)						
15	Total assets		127,519		124,834		
Liabilities and Shareholders' Equity							
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Other current liabilities (attach statement)						
19	Loans from shareholders						
20	Mortgages, notes, bonds payable in 1 year or more		59,653		46,605		
21	Other liabilities (attach statement)						
22	Capital stock		1,000		1,000		
23	Additional paid-in capital						
24	Retained earnings		66,866		77,229		
25	Adjustments to shareholders' equity (attach statement)						
26	Less cost of treasury stock						
27	Total liabilities and shareholders' equity		127,519		124,834		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	90,363		5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):			a	Tax-exempt interest \$	0
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):			6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$			a	Depreciation \$	0
b	Travel and entertainment \$					0
		0		7	Add lines 5 and 6	0
4	Add lines 1 through 3	90,363		8	Income (loss) (Schedule K, line 18). Line 4 less line 7	90,363

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	66,866	
2	Ordinary income from page 1, line 21	89,971	
3	Other additions	392	
4	Loss from page 1, line 21		
5	Other reductions		
6	Combine lines 1 through 5	157,229	0
7	Distributions other than dividend distributions	80,000	
8	Balance at end of tax year. Subtract line 7 from line 6	77,229	0

Final K-1

Amended K-1

Schedule K-1 (Form 1120S)

Department of the Treasury Internal Revenue Service

2014

For calendar year 2014, or tax year beginning _____, 2014 ending _____, 20_____

Shareholder's Share of Income, Deductions, Credits, etc.

See back of form and separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Amount. Includes rows for Ordinary business income (44,985), Net rental real estate income, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain, Net long-term capital gain, Collectibles gain, Unrecaptured section 1250 gain, Net section 1231 gain, Other income (196), Alternative minimum tax (AMT) items (62), Section 179 deduction (40,000), and Other deductions.

Part I Information About the Corporation

A Corporation's employer identification number 06-1459264
B Corporation's name, address, city, state, and ZIP code Connecticut Childbirth Center Inc 27 Hospital Avenue Danbury, CT 06810
C IRS Center where corporation filed return e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1 073-42-8582
E Shareholder's name, address, city, state, and ZIP code Kenneth P Blau 27 Hospital Avenue Danbury, CT 06810
F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

* See attached statement for additional information.

K-1 Statement (Sch K-1, Form 1120S)

Line 10 - Other Income (Loss)

A Code A - Other portfolio income (loss)	
Bank Interest	196
Total Code A - Other portfolio income (loss)	A <u>196</u>

Line 15 - AMT Items

A Code A - Post-1986 depreciation adjustment	A <u>62</u>
--	-------------

Line 16 - Items affecting shareholder basis

D Code D - Distributions	D <u>40,000</u>
------------------------------------	-----------------

Line 17 - Other Information

A Code A - Investment income	A <u>196</u>
--	--------------

Final K-1 Amended K-1

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2014

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20_____

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
06-1459264

B Corporation's name, address, city, state, and ZIP code
Connecticut Childbirth Center Inc
27 Hospital Avenue
Danbury, CT 06810

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number **Shareholder: 2**
583-90-4598

E Shareholder's name, address, city, state, and ZIP code
Patricia E Whitcombe
27 Hospital Avenue
Danbury, CT 06810

F Shareholder's percentage of stock
ownership for tax year 50.000000%

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	44,986		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
A	196	A	62
11	Section 179 deduction	16	Items affecting shareholder basis
		D	40,000
12	Other deductions		
		17	Other information
		A	196

* See attached statement for additional information.

K-1 Statement (Sch K-1, Form 1120S)

Line 10 - Other Income (Loss)

A Code A - Other portfolio income (loss)	
Bank Interest	196
Total Code A - Other portfolio income (loss)	A <u>196</u>

Line 15 - AMT Items

A Code A - Post-1986 depreciation adjustment	A <u>62</u>
--	-------------

Line 16 - Items affecting shareholder basis

D Code D - Distributions	D <u>40,000</u>
------------------------------------	-----------------

Line 17 - Other Information

A Code A - Investment income	A <u>196</u>
--	--------------

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. **179**

Name(s) shown on return Connecticut Childbirth Center Inc	Business or activity to which this form relates 1120S - Medical Facility	Identifying number 06-1459264
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	▶ 13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	4,976
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,976
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

